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Under the Paperwork Reduction Act of 199	5. no persons are required to reapond to a co Application Number	10/708,839			
TRANSMITTAL	Filing Date	March 28. 20	004		
FORM	First Named Inventor	Blayn W. Be	enau, el al.		
	Art Unit	2876			
	Examiner Name	Daniel I. Wa	ish		
(to be used for all correspondence after milit	Attorney Docket Number	70655.0300			
Total Number of Pages in This Submission					
	ENCLOSURES (Check al	į that apply)			
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidevits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts  under 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Papers  Pelition Petition to Convert to a Provisional Application Power of Altorney, Revocation Change of Correspondence Terminal Discialmer Request for Refund CD, Number of CD(s) Landscape Table on C	Address	Approf Approf (Approf State	Allowance Communication to Board speals and Interferences est Communication to TC sel Notice, Brief, Reply Brief) rietary Information us Letter or Enclosure(s) (please identify w):	
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This collection of Information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<u>Total Clalms</u>	Extra Claims	<u>Fee (\$)</u>	Fee Pald (\$)	Mult	ilpie Depen	dent Claima
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